

Virginia Department of Health
Central Virginia Health District/Office of Environmental Health

APPLICATION FOR A TEMPORARY FOOD VENDOR PERMIT

YOU MUST SUBMIT OUR COMPLETED APPLICATION & FEES TO THE HEALTH DEPARTMENT TWO (2) WEEKS PRIOR TO THE EVENT OR THE TEMPORARY FOOD VENDORS PERMIT WILL NOT BE ISSUED.

Please provide the following information. Failure to provide the necessary information may delay the processing of your application

Date: _____

Name of Organization/Individual: _____

Address: _____

Organization Representative: _____

Contact/Telephone Number: _____

EVENT: _____

EVENT LOCATION: _____

DATE/TIME OF EVENT: _____

TYPE OF FOOD FACILITY: _____
(beverage wagon, booth, kitchen, tent, etc.)

WATER SERVICE: _____

SEWAGE DISPOSAL: _____

SOLID WASTE (TRASH) DISPOSAL: _____

LIQUID WASTE DISPOSAL: _____

Do you have a Commonwealth of Virginia Food Service Operations Permit? ☐ YES or ☐ NO

If yes - is it a ☐ RESTAURANT PERMIT or ☐ MOBILE UNIT PERMIT?

What city or county is it issued in? _____

Please provide a copy of the permit with your application.

LIST ALL FOOD & BEVERAGE ITEMS BELOW

Food/Beverage	Source/Address	Where Prepared	Method of Prep/ Equipment Used
Ex. Hot Dogs	Supermarket	On-Site	Boiled in large pot on grill using tongs

Hand Washing Methods	Condiments How Served	List all Utensils & How Cleaned	Refrigeration Type	List all Cooking Equipment

PLEASE CALL THIS OFFICE PRIOR TO THE EVENT TO VERIFY THE STATUS OF YOUR APPLICATION. PLEASE NOTIFY THIS OFFICE OF ANY CHANGES IN YOUR APPLICATION.
(i.e., additional menu items etc.)

CERTIFICATION

I have read the attached instructions, understand them and will comply with their requirements.
I understand that failure to comply may result in a permit not being issued or permit suspension.

Signature

Date